

Abstracts

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antipsychotic treatment. **METHODS:** A naturalistic, prospective cohort study, named COMETA, was conducted in 2006–2008. Subjects aged 18–40 years, diagnosed with schizophrenia or schizophreniform disorder ≤ 10 years before, were enrolled in 86 psychiatric centres throughout Italy and followed-up for a target period of 52 weeks. Data on socio-demographic, clinical status, adherence, HRQoL, resources consumption were collected (societal perspective adopted to estimate costs). **RESULTS:** A total of 637 valid patients (mean \pm SD age = 30.9 ± 5.9 , 65.0% male) were enrolled and followed-up to 63.9 weeks. At enrolment, the Positive-and-Negative-Syndrome-Scale (PANSS) mean \pm SD score was 86.6 ± 27.4 , the Clinical-Global-Impression-Severity (CGI-S) mean \pm SD score was 4.3 ± 1.1 , the Global-Assessment-of-Functioning (GAF) mean \pm SD score was 54.1 ± 13.8 . With EQ-5D 68.8% of patients reported moderate/severe anxiety/depression, 52.7% reported problems with usual activities, 37.8% reported pain/discomfort, 21.4% had problems with mobility, 16.7% problems with self-care, VAS mean \pm SD = 63.5 ± 17.9 . SF-36-PCS mean \pm SD = 47.5 ± 9.3 , SF-36-MCS mean \pm SD = 39.0 ± 9.6 . During 90 days before enrolment, 1.9% patients did not take any antipsychotic drug, while 27% took 2–5 different drugs. The Drug-Inventory-Attitude (DAI-30) mean \pm SD score, assessing the patients' subjective attitude toward antipsychotic therapy, was 43.4 ± 5.0 . Physicians reported that 71.1% patients always took the prescribed antipsychotic therapy. Eighty-five percent of medical costs occurring 90 days before enrolment were: €114.00/patient-month for psychotherapy, €105.75/patient-month for hospitalizations (€89.49€ for relapse), €86.37/patient-month for antipsychotics, €13.74 for concomitant drugs. The patients persisted to treatment with oral typical, atypical or long acting/depot drugs on average 53.9 weeks. During the follow-up, psychotherapy cost was 100.03€/patient-month, hospitalizations cost €57.26/patient-month, antipsychotic drug therapy cost €126.10, concomitant therapy cost €16.47/patient-month. At the end of follow-up the patients' clinical status, HRQoL and attitude toward treatment was on average improved. **CONCLUSIONS:** Increase of adherence and persistence toward antipsychotic treatment is a primary goal to be reached for the improvement of well being in schizophrenic patients and for making more efficient investments.

MH7

PATIENT REPORTED OBJECTIVES AND PRIORITIES FOR THE TREATMENT OF SCHIZOPHRENIA IN GERMANY: A MIXED METHODS APPROACH TO CAPTURING THE PATIENT'S PERSPECTIVE

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Almost 75% of schizophrenia patients do not comply with their prescribed treatment leading to high relapse rates. Patient centered care (PCC) incorporates patient priorities into treatment decisions, and has been proposed as a means to enhance compliance and improve health outcomes among patients with schizophrenia. PCC requires that patient objectives, priorities, and desired outcomes be quantified and incorporated into treatment decisions. Patient priorities for the treatment of schizophrenia have not been evaluated. **OBJECTIVES:** To identify the spectrum of patient objectives and priorities associated with the treatment of schizophrenia. **METHODS:** Data was collected across Germany in two stages: focus groups ($n = 30$) and individual in-depth patient interviews ($n = 25$). Patients were eligible for inclusion if they had been diagnosed with schizophrenia had undergone treatment with an antipsychotic medication for at least one year and, their disease was stable. The focus group

interviews were used to identify key attributes. These key attributes were then quantified by a card sort exercise in individual interviews. Results were analyzed using modified version of the Borda Count on a scale from 0 to 100 and validated by triangulation methods. **RESULTS:** Focus group interviews identified 13 objectives of primary importance to the patient. The card sorting exercise during the in-depth interviews yielded the top five attributes: therapeutic minimization of symptoms (75.43), ability to concentrate/ think clearly (75.34), ability to participate in social activities (69.93), alliance with physician (66.19), and avoiding acute symptoms (62.62). The scores ranged from 29.42 to 74.43 out of a possible 100 points. **CONCLUSIONS:** Traditionally, treatment for schizophrenia has focused on remission of symptoms; however, patient's top priorities involve the processes of care. Addressing patient's priorities and improving the entire treatment pathway will likely lead to increased compliance with treatments and ultimately improve clinical outcomes.

MH8

DIRECT COST OF TREATING PATIENTS WITH SCHIZOPHRENIA IN GREECE: REAL-WORLD DATA FROM THE ELECTRONIC SCHIZOPHRENIA TREATMENT ADHERENCE REGISTRY (E-STAR)

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OBJECTIVES: The purpose of this study was to estimate the direct cost of treating patients with schizophrenia in Greece, based on 12-month retrospective data collected at baseline from e-STAR. **METHODS:** e-STAR is an ongoing, international, prospective, observational study of clinical and economic outcomes in schizophrenic patients who switch to a new antipsychotic. e-STAR captures real-life data both in the inpatient and outpatient settings based on a systemic data collection form via a secured web-based system. At baseline, psychiatric-related resource utilisation, such as hospitalisation, community care, visits to health care professionals, diagnostic procedures and use of medication, was retrospectively collected for the previous 12 months. Unit costs were derived from published literature, price lists of social insurance funds, the Greek NHS and the private sector. **RESULTS:** Data from 798 patients (57.5% male) who were enrolled in e-STAR in Greece and diagnosed with schizophrenia were analysed. The mean age of the study population was 39.5 years and the mean time since diagnosis was 12.4 years. Analysis of resource utilization data indicated that total length of stay in public psychiatric hospitals was 2.7 times higher than that in private clinics. Outpatient care mainly consisted of visits to psychiatrists, whereas visits to other relevant health care professionals were very low. Finally, the total annual cost per patient with schizophrenia was estimated at €3729, of which 64.5% referred to hospital and community care, 18.5% to outpatient care, 6.0% to diagnostic procedures and only 11.0% to medication. **CONCLUSIONS:** This is the first time that large-scale Greek real-life data are used in the field of the economics of schizophrenia in Greece. The results of this study are in general agreement with findings of previous studies conducted in Greece and Europe. Further research needs to be undertaken in this field when long-term prospective data become available from e-STAR.